a <b>F</b> ~	•		_						
	-	his form together with	th apprincable for	ee(s), to: <u>N</u> or <u>.</u>	Mail Fax	Mail Stop ISSUE Commissioner fo P.O. Box 1450 Alexandria, Virg (703) 746-4000	r Patents inia 22313-1450		
	NSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence he ledging the Proper, advance orders and notification of maintenance fees will be mailed to the current correspondence address as noticed unless corrected below or directed of the ledge in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for naintenance fee notifications.								
	CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)  0026748 7590 04/14/2005				Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.				
	SYNGENTA CR PATENT AND TR 410 SWING ROAI GREENSBORO, N	Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (703) 746-4000, on the date indicated below.							
06/2	06/27/2005 MBERHE1 00000076 10658697					Pamela Sh		(Depositor's name)	
01 F	C:1501	1400.00 DP 300.00 DP				June 22,	2005	(Signature) (Date)	
02 F	C:1504								
	10/658,697				FIRST NAMED INVENTOR  Derek Cornes		ATTORNEY DOCKET NO. PPD 50661	CONFIRMATION NO. 3154	
	TITLE OF INVENTION: HERBICIDAL COMPOSITION								
	APPLN. TYPE	SMALL ENTITY	ISSUE FEE		PUBLICATION FEE		TOTAL FEE(S) DUE	DATE DUE	
			\$1400	\$1400		\$300	\$1700	07/14/2005	
			ART UNIT		CI	ASS-SUBCLASS			
					·•	504-136000	<b>-</b>		
	1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).  Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.				2. For printing on the patent front page, list  (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.				
	3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)								
	PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.								
(A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)									
Syngapta Crop Protection Inc. Croppshare NC									

PLEASE NOTE: Unless an assignee is identified below, no assign recordation as set forth in 37 CFR 3.11. Completion of this form is N	ee data will appear on the patent. If an assignee is identified below, the document has been filed for IOT a substitute for filing an assignment.
(A) NAME OF ASSIGNEE	(B) RESIDENCE: (CITY and STATE OR COUNTRY)
Syngenta Crop Protection, Inc.	Greensboro, NC
Please check the appropriate assignee category or categories (will not be	printed on the patent): 🔲 Individual 🖾 Corporation or other private group entity 🚨 Government
4a. The following fee(s) are enclosed:	4b. Payment of Fee(s):
Issue Fee	A check in the amount of the fee(s) is enclosed.
Publication Fee (No small entity discount permitted)	Payment by credit card. Form PTO-2038 is attached.
Advance Order - # of Copies	The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number (enclose an extra copy of this form).
5. Change in Entity Status (from status indicated above)  a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.	☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).
interest as shown by the records of the United States Patent and Tradema	
Authorized Signature List M. alle	Date June 22, 2005
Typed or printed name Rose M. Allen	Registration No. 35,424

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.